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## Filing Date Application Number MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments CLAIMS AFTER SECOND AFTER FIRST **AMENDMENT AMENDMENT** Depend Indep Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend .25 26 7.7 Total Total Indep Indep Total Total Depend Depend Total Total

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Claims